



## Investigation – RI Definitions & Rules for Entering Investigation Neisseria Meningitidis, invasive (Mening. Disease)

Note: All fields in **RED** are required by the NEDSS system; all **BOLDED** fields are required by RI.

Any questions that relate to ABC Investigation do not have to be answered

Brief Description or Field Name	Description	RI Rules for Data Entry
<b>Investigation Summary</b>		
<b>Jurisdiction</b>	<b>The region responsible for the investigation</b>	<b>Required; RI has only 1 jurisdiction</b>
<b>Program Area</b>	<b>The organizational ownership of the investigation. Program areas(e.g. General Communicable Diseases, Hepatitis, STD, HIV/AIDS, Vaccine Preventable) are defined by the conditions for which they provide primary prevention and control.</b>	<b>Required. This is pre-populated based on the condition. Select General Communicable Diseases.</b>
State Case ID	Open field to be used by OCD, if needed.	Leave blank.
<b>Investigation Start Date</b>	<b>Date the investigation was started.</b>	<b>Required</b>
<b>Investigation Status</b>	<b>The status of the investigation: Open or Closed.</b>	<b>Leave as OPEN until the investigation is completed (i.e. until all pertinent facts necessary to evaluate the risk and determine if treatment is necessary.) Then change to closed</b>
Share record with Guests	This field indicates whether or not the record should be shared with all users who have guest privileges for the Program Area/Jurisdiction.	Defaults to checked. OK to leave checked. Not in use by RI at this time
<b>Investigator</b>	<b>The name of the person who is responsible for the case investigation</b>	<b>Required. Quick code = first initial of first name +first 5 letters of last name.</b>
<b>Date assigned to Investigation</b>	<b>The date that the Investigation was assigned to the investigator or the date the investigator started the investigation if self-assigned</b>	<b>Required</b>



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<b>Other Patient Information</b>		
Type of insurance		Leave Blank
Weight		Leave Blank
Height		Leave Blank
<b>Reporting Source</b>		
<b>Date of Report</b>	<b>Date first reported by reporting source if reported by phone or date reported to health according to lab or morbidity report.</b>	<b>Required</b>
Reporting Source	Type of facility or provider associated with the source of information sent to Public Health. For Animal Rabies it would be the Health Laboratory	Leave Blank
Earliest Date Reported to County	Date first reported to County	Leave blank
Earliest Date Reported to State	Date first reported to State	Not required
Reporter	Search table for who Reported the case	Not required.
<b>Clinical</b>		
Physician	Search table for patient's physician.	Enter if known
<b>Was the patient hospitalized for this illness?</b>	<b>Was the patient hospitalized for this illness?</b>	<b>Required</b>
Patient Chart Number	If this case involved a chart review enter the chart number	Enter if known
Hospital	The hospital where the patient was hospitalized or where the diagnosis was made	Enter if known
Admission Date	Date of admission	Enter if known
Duration of Stay in days	How many days the patient was hospitalized for this condition	Enter if known
Diagnosis Date	Date of diagnosis of condition being reported.	Not required
<b>Questions on Condition</b>		



Brief Description or Field Name	Description	RI Rules for Data Entry
Illness Onset Date	Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system. Enter date of 1st symptom related to this illness	Enter if known
Illness End Date	The time at which the disease or condition ends.	Not required
Type of infection caused by organism	Multi-selection possible. Select more than one if required	Required
Bacterial species isolated from any normally sterile site	This is required for notification. Input Neisseria Meningitidis, invasive (Mening. Disease)	Required
Date first positive culture obtained:		Required
Sterile sites from which organism isolated	Can select more than one site here	Required
Nonsterile sites from which organism isolated		Enter if known
Did the patient have any underlying conditions?		Not required.



Brief Description or Field Name	Description	RI Rules for Data Entry
Did the patient die from this illness?	Outcome associated with illness.	Required
What was the serogroup?	Isolate serogrouping data are important for disease surveillance.	Required
How was the case identified?	Field that describes how patient presented, and characterizes the clinical and laboratory picture.	Enter if known.
If case identified by non-culture method, date sample collected for diagnostic testing	Field to capture results from <i>N. meningitidis</i> DNA using a validated polymerase chain reaction (PCR), obtained from a normally sterile site (e.g., blood or CSF) or evidence of <i>N. meningitidis</i> antigen by immunohistochemistry (IHC) on formalin-fixed tissue or latex agglutination of CSF	Required.  Useful in classifying a case as probable.
Is this a secondary case?	Defined as an individual who is infected through contact with a primary case of the disease	Required.
If <i>N. meningitidis</i> was isolated from blood or CSF, was it resistant to: Sulfa? Rifampin?	Antibiotic susceptibility results to sulfa and rifampin.	Not required. The Department of Health does not perform this testing.
Is patient currently attending college (15-24 years)?	Past studies show that there is an higher rate of disease in college freshman in dormitories.	Required.
Vaccine Information		
Has patient received POLYSACCHARIDE meningococcal vaccine?		Enter if known.
Has patient received CONJUGATE meningococcal vaccine?		Enter if known
Vaccination Record		
Vaccination Record information		Not Required
Epidemiologic		



Brief Description or Field Name	Description	RI Rules for Data Entry
If < 6 years of age is the patient in daycare?	(Daycare is defined as a supervised group of 2 or more unrelated children for > 4 hours/week)	Enter if known.
Was the patient a resident of a nursing home or other chronic care facility at the time of the first positive culture?	Field triggers investigator to determine if patient resides in a home, close contacts should be referred for chemoprophylaxis.	Enter if known.
<b>Is this part of an outbreak?</b>		<b>Required</b>
Where was the disease acquired?		Enter if known.
Confirmation Method	Code for the mechanism by which the case was classified. This attribute is intended to provide information about how the case classification status was derived. Example: Clinical diagnosis (non-laboratory confirmed), Epidemiologically linked, Laboratory confirmed, Unknown	Enter if known.
<b>Case Status</b>	<b>Indication of the level of certainty regarding whether a person has a disease/condition. Where applicable, is defined by CSTE/CDC Standard Case Definition. For example: Confirmed, Probable or Suspect case.</b>	<b>Required for Notification</b>
<b>MMWR Week</b>	<b>MMWR Week for which case information is to be counted for MMWR publication.</b>	<b>Required.</b>
<b>MMWR Year</b>	<b>MMWR Year (YYYY) for which case information is to be counted for MMWR publication.</b>	<b>Required</b>
<b>Administrative</b>		
General Comments	Field which contains general comments for the investigation.	Enter if needed.



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Brief Description or Field Name	Description	RI Rules for Data Entry
Condition Specific Custom fields		
Number of contacts of this patient that were recommended to receive antibiotic prophylaxis.		Required.

Notes: